

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		05-04-01
O.I.P.E. CLASSIFIER		1019 48	5/25/01
FORMALITY REVIEW	<i>KL</i>	712	06-28-01
RESPONSE FORMALITY REVIEW	<i>KL</i>		08-23-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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DEPT AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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H.S.
6-28-01
8/23/01
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